APPLICATION DATA SHEET

Application Information

Application Number::

Unassigned

Filing Date::

July 18, 2003

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

n/a

Suggested Group Art Unit::

n/a

CD-ROM or CD-R?::

no

Number of CD Disks::

n/a

Number of Copies of CDs::

n/a

Sequence Submission?::

no

Computer Readable Form

(CFR)?::

no

Number of Copies of CFR::

n/a

Title::

DEVICE FOR NOTCHING THE SPINE OF A BOOK

BLOCK FORMED WITH COMPRESSED

SIGNATURES

Attorney Docket Number::

40424-189156

Request for Early Publication?::

no

Request for Non-Publication?::

no

Suggested Drawing Figure::

n/a

Total Drawing Sheets::

3

Small Entity?::

no

Latin Name::

n/a

Variety Denomination Name::

n/a

Petition Included?::

no

Petition Type::

n/a

Licensed US Govt. Agency::

n/a

Contract or Grant Numbers::

n/a

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor **Primary Citizenship::** American Country:: **United States Full Capacity** Status:: Given Name:: Horst Middle Name:: **KNOETIG** Family Name:: Name Suffix:: City of Residence:: Farmingville State or Province of Residence:: **New York** Country of Residence:: **United States** 7 Arlene Street Street of Mailing Address:: **City of Mailing Address::** Farmingville State or Province of Mailing **New York** Address:: **Country of Mailing Address:: United States** Postal or Zip Code of Mailing 11738 Address:: Inventor **Applicant Authority Type:: Primary Citizenship::** Country:: Status:: **Full Capacity** Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence::**

Street of Mailing Address::

	·
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

Page 3

		.4" •	•							
Name Suffix::										
City of Residence::										
State or Province of	Residence::									
Country of Residence	e::									
Street of Mailing Add	ress::									
City of Mailing Addre	ss::									
State or Province of Address:: Country of Mailing A										
Postal or Zip Code of Address::	^f Mailing									
Correspondence I	nformation									
Correspondence Customer Number::		26694								
Phone Number:: Fax Number:: E-Mail Address::		(202) 962-4043 (202) 962-8300 cmvoorhees@venable.com								
						Representative In	formation			
						Representative Custo Number::	omer	26694		
Domestic Priority	Information	า								
Application::	Continuity T	уре::	Parent Application::	Parent Filing Date::						
	Continuation	n of								
	Continuation	n of								
	Continuation	n of								

Continuation of

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02405627.7	July 19, 2002	yes

Assignee Information

Assignee Name::

Müller Martini Holding AG

Street of Mailing Address::

Sonnenbergstrasse 13

City of Mailing Address::

Hergiswil

State or Province of Mailing

Address::

Country of Mailing Address::

Switzerland

Postal or Zip Code of Mailing

CH-6052

Address::